

Amended ComplaintRECEIVED  
SDNY PRO SE OFFICE

2021 JUN -2 AM 9:45

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKJAMES SEABROOK #3491605359

Write the full name of each plaintiff.

20 cv 2005 (LTS)

(Include case number if one has been assigned)

-against-

JANSSEN pharmaceuticals inc  
Michael bolus, NATASHA myles,  
Jacques hacquebord, Alex Gorsky  
CEO of Janssen pharmaceuticals Inc

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

AMENDED

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

## NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

James E SEABROOK  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

3491605359  
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

OTIS BANTUM CORRECTIONAL FACILITY  
Current Place of Detention

1600 HAZEN STREET EAST ELMHURST  
Institutional Address

Queens NY 11370  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☒ Convicted and sentenced prisoner  
☐ Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: (X) MAFASHA Myles  
First Name Last Name Shield #  
Plastic Surgery Amb Care  
Current Job Title (or other identifying information)  
Bellevue Hospital Center  
Current Work Address  
462 1st Ave Bellevue hospital center  
County, City State Zip Code

Defendant 2: NY NY 10016  
First Name Last Name Shield #  
(X) Jacques Haccapbard  
Current Job Title (or other identifying information)  
Endocrinologist  
Current Work Address  
Bellevue Hospital Center  
County, City State Zip Code

Defendant 3: 462 1st Ave  
First Name Last Name Shield #  
NY NY 10016  
Current Job Title (or other identifying information)  
Current Work Address

Defendant 4: Alex Gorsky  
First Name Last Name Shield #  
CEO of Janssen Pharmaceuticals Inc  
Current Job Title (or other identifying information)  
Consumer Inc  
Current Work Address  
SKILLMAN New Jersey 08558  
County, City State Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence:

Manhattan detention complex,  
Anna M. Kross Center, Bellevue hospital center,  
George A. Verno Center

Date(s) of occurrence:

### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON MARCH 15, 2020 While At Rikers Island Correctional facility George A. Verno Center is when I notice with factual evidence and information that during the time of my current incarceration I was given medication without such drug facts Zyprexa, Risperidone, that inflicted male breast in which was prescribed by mental health doctor Michael Bolus before above date March 15, 2020. I was given random blood test & the result shown that my prolactin level were too high and appointment was made by Rikers Island nurses & clinical staff to see the gynecologist & endocrinologist in the month of Dec 2017 I went to Bellevue hospital center and I was seen by Natasha Myler & Jacques Hacquebord and both doctor who examined me relating to this matter explained to me that they don't know what was causing me to form breast like the opposite sex other than being prescribed hormone pills in which I had never taking or was I prescribed any. And they failed to run test to evaluate & diagnosis in which I requested. On May 3, 2018 While at Anna M. Kross Center on Rikers Island I was seen by Dr. AKSANA Suleymanova who conducted a routine follow up for gynecologist in which he confirmed that such medication prescribed all contributed in a role in my injuries, I notice an increase in my breast & requested that some type of surgical procedure be scheduled to have injury removed. On March 15, 2020 New York City department of Corrections Clinical Staff has stated that an appointment was scheduled to conduct the surgery to remove the enlargement in my chest.

Inflicted by medications prescribed by  
 Michael Bolus and manufactured by Janssen  
 Pharmaceuticals Inc. I have been complaining  
 to Department of Corrections that I need  
 this surgery. Other inmates have been teasing  
 me talking about "in a faggot I have breast  
 with breast milk" due to the leak which come  
 from my chest nipples" and it was stated that  
 my appointment was cancelled due to the pandemic  
 I called and made complaints to 311 that  
 Department of Corrections Staff Clinical Staff has  
 failed to protect me from injury inflicted  
 by medications prescribed by Michael Bolus.  
 He failed to provide adequate medical care  
 when he failed to educate me about such medications  
 due to the lack of access to computers & such  
 information in which he could of provided drug  
 facts sheets to educate me about such medications,  
 But instead inflicted pain & suffering. Doctor  
 Natasha Myler a plastic surgery amb care from Bellevue &  
 Jacques Hacquebord an endocrinologist failed to  
 provide adequate medical care when they ignored  
 the facts of such medications inflicting injury &  
 didn't want to further investigate such injury which could

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Inflicted male Breast which formed like female breast with Breast milk, tenderness, Aches, emotional distress, mental anguish, Bellevue hospital center prolonging my severe issues. i was seen by doctor did multiple tests & still no surgery. inadequate medical care.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

i Am seeking in the amount of \$5.5 million Dollars for instant injury & for the violation of my Constitutional Right, for emotional Distress mental anguish, pain & suffering.



## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5-5-2021  
Dated  
James  
First Name  
E  
Middle Initial  
Seabrook  
Last Name  
1600 HAZEN STREET EAST ELmhurst  
Prison Address  
Queens  
County, City  
New York  
State  
11370  
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

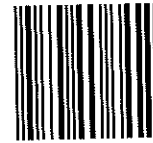
INflicted by medications prescribed by  
 michael bolus and manufactured by JANSSEN  
 Pharmaceuticals inc. i have been Complaining  
 to Department of corrections that i need  
 this Surgery other inmates have been teasing  
 me talking about im A faggot i have breast  
 with breast milk" due to the leak which come  
 from my Chest nipples" and it WAS Stated that  
 my Appointment WAS cancelled due to the pandemic  
 i called and made Complaints to 311 that  
 Department of corrections STAFF Clinical STAFF has  
 failed to protect me from injury inflicted  
 by medications prescribed by michael bolus  
 He failed to provide adequate medical care  
 when He failed to educate me about such medications  
 due to the lack of access to computers & such  
 information in which he could of provided drug  
 facts sheets to educate me about such medications,  
 But instead inflicted pain & suffering. Doctor  
 NATASHA MYLES & plastic Surgery amb care from Bellevue &  
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 provide adequate medical care when they ignored  
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 didn't want to further investigate such injury which could



JAMES SEABROOK  
3491605359  
OBCC 1600 HAZEN STREET  
EAST ELMHURST NY 11370



1000



10007

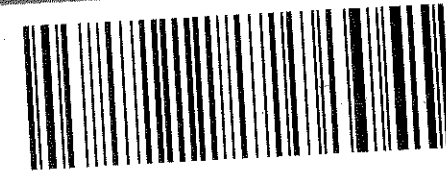
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AMOUNT

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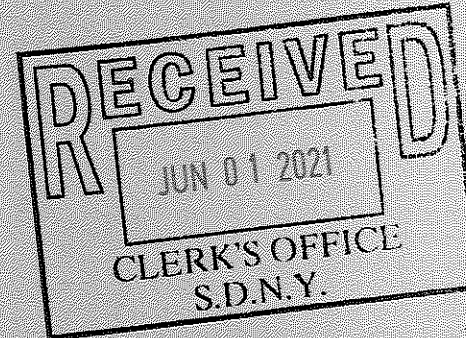
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



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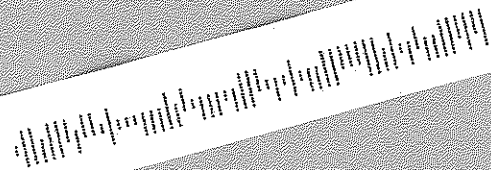


RETURN RECEIPT  
REQUESTED

**USM<sub>P3</sub>  
SDNY**

RECEIVED  
SDNY PRO SE OFFICE  
2021 JUN -2 AM 9:46

U.S. District Court Southern district  
OF NY DANIEL PATRICK MOYNIHAN U.S. Courthouse  
Office of the Clerk 500 Pearl Street NY NY 10007-1312



Pro Se <sup>JKR</sup>